

THE PSYCHOLOGIST IN SECURITY DETERMINATIONS

**Prepared for
U.S. Department of Energy
Office of Security
Washington, D.C.**

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November 2001

ORISE 2001-1472

This document was produced under contract number DE-AC05-00OR22750 between the U.S. Department of Energy and Oak Ridge Associated Universities

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
THE PSYCHOLOGIST IN SECURITY DETERMINATIONS	1
PURPOSE	1
CURRENT ROLES	1
THE DOE CONCERNS	2
BARRIERS TO PERFECT SELECTION	5
THE AT-RISK PERSON	6
CURRENT PSYCHOLOGICAL ASSESSMENT	7
LIMITATIONS OF CURRENT PRACTICES	9
ASSESSING ALCOHOL OR DRUG MISUSE	10
THE PSYCHOLOGIST'S DILEMMA	13
THE REFERRAL FOR CAUSE	14
WHO IS MENTALLY UNFIT?	17
IMPROVING PERFORMANCE	20
THE EMPLOYEE ASSISTANCE PROGRAM, CONFIDENTIALITY, AND SECURITY:	23
WHAT CAN BE DONE NOW?	24
SOURCE MATERIAL	25

No person can understand any other person completely because no human being shares directly the motives, thoughts, and feelings of another. The only self to which we have immediate access is our own. Knowledge of other people comes to us indirectly and in fragments. At best we catch glimpses of one another. Yet we try ardently to bridge the chasm between mind and mind, for our happiness and survival depend on correct judgements of persons.

G. W. Allport (1937)

EXECUTIVE SUMMARY

This paper serves as an orientation guide for psychologists new to the U.S. Department of Energy (DOE) and can be used as a reference guide for others. The roles of current DOE contractor-employed psychologists differ from site to site with some addressing minimum concerns (e.g., suitability, fitness for duty, unusual behavior) and some assuming expanded roles involving initial and/or continual access authorization evaluations as in the Personnel Security Assurance Program (PSAP) or the new Human Reliability Program (HRP).

Psychological barriers to personnel selection include imperfect measuring instruments and the appearance of at-risk groups beyond the mentally unfit or substance abusers. Psychologists must go beyond a test-oriented assessment and embrace the total behavioral pattern of the individual.

Employees referred to the psychologist for cause require the psychologist's attention beyond the usual screening for employment or job placement. Information from multiple sources, with reliance on a semi-structured interview (in lieu of just psychological tests), is recommended. Included in this paper is a discussion about unacceptable behavior by individuals holding an access authorization (security clearance) and possible symptom patterns.

The authors of this report also discuss the need for DOE psychologists to have specialized training in crisis management and hostage resolution. The need for recognizing potential violence in the workplace and steps to improve the psychologist's function in this process are outlined.

THE PSYCHOLOGIST IN SECURITY DETERMINATIONS

The DOE contractor-employed clinical psychologist furnishes information and makes recommendations regarding employee selection, retention, emotional distress, and substance misuse. Considering the recent increase in attention paid to security matters, especially the protection of sensitive information, an opportunity and expectation exists that psychologists increase their participation in guarding national security interests.

PURPOSE

It is intended that this document serve as an orientation guide for psychologists new to the DOE and as a reference guide for the veteran. Additionally, and with some distinct emphasis, this document will provide a review of the limitations of DOE contractor-employed psychologists' current practices. Emphasis will be placed on the need for—and possible means of—advancing the contribution of psychologists to personnel security and safety interests of the DOE.

CURRENT ROLES

The roles played by DOE contractor-employed psychologists have varied greatly from site to site. At some locations a quite narrow role has been defined wherein the psychologist conducts a psychological assessment consisting of administering a test or inventory, briefly interviewing the subject, and submitting a written report relative to the presence or absence of disqualifying pathology relating to employment issues (i.e., fitness for duty).

In other settings, psychologists participate widely in personnel security matters, evaluate the continued suitability of employees for specific assignments, and advise supervisors on specific work problems and possible intervention strategies. They also may conduct annual evaluations of special response team members, lecture to employee groups, and, occasionally, visit sensitive work sites.

The on-site psychologist, who also has existing EAP-related work, (i.e., referring employees at risk or the self-referred employees for counseling), may be placed in an ethical dilemma (e.g.,

referring an individual to DOE's personnel security official versus referral to an EAP for substance abuse). One easily can see a wide variety of combined roles, but there is no discernible basic standard of function from site to site. It would seem desirable to attain some uniformity, some base expectation of what a psychologist must do to fulfill a specified mission.

Noted previously, the apparent minimum task of DOE contractor-employed psychologists is the assessment of prospective or current employees for the presence or absence of psychopathology. This seems to limit the potential value of the DOE contractor-employed psychologist. Broader parameters of concern are outlined below.

THE DOE CONCERNS

- I. The criteria for determining eligibility for an access authorization (security clearance) is found in 10 CFR 710, Part A. Derogatory information is defined in subsection 710.8.

Psychologists traditionally have been limited to concerns of there being:

10 CFR 710.8 (h) "An illness or mental condition of a nature which, in the opinion of a psychiatrist or licensed clinical psychologist, causes or may cause, a significant defect in judgment or reliability."

10 CFR 710.8 (j) "Been, or is, a user of alcohol habitually to excess, or has been diagnosed by a psychiatrist or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse."

The clinical psychologist is not mentioned in two other areas patently of concern:

10 CFR 710.8 (k) "Trafficked in, sold, transferred, possessed, used, or experimented with a drug or other substance listed in the Schedule of Controlled Substances . . ."

10 CFR 710.8 (l) “Engaged in any unusual conduct or is subject to any circumstances which tend to show that the individual is not honest, reliable, or trustworthy; or which furnishes reason to believe that the individual may be subject to pressure, coercion, exploitation, or duress which may cause the individual to act contrary to the best interests of the national security.”

Certainly the concerns in (k) and (l) above are also concerns of the responsible psychologist. The psychologist should notify the appropriate management official and the DOE personnel security office of any derogatory information that comes to his or her attention. One of the great errors of personnel security-related evaluations is assuming that someone else who should already be cognizant of significant information reports it to the appropriate security officials in a timely manner.

II. The Personnel Security Assurance Program (PSAP) 10 CFR 710, Subpart B, standards have broadened the psychologist’s role to provide evaluation assistance in the areas mentioned below:

“ . . . a system of continuous evaluation which identifies those individuals whose judgment may be impaired by physical and/or emotional disorders, substance abuse, or the use of alcohol habitually to excess.” (10 CFR 710.53)

The rule also clearly states the DOE’s concerns regarding occurrence or reasonable suspicion incidents. Thus, specific incidents to be prevented by effective screening of workers are cited as follows:

(1) Injury or fatality to any person involving actions of a Department of Energy contractor employee.

(2) Involvement of nuclear explosives under Department of Energy jurisdiction which results in an explosion, fire, the spread of radioactive material, personal injury or death, or significant damage to property.

(3) Accidental release of pollutants which results or could result in a significant effect on the public or environment.

(4) Accidental release of radioactive material above regulatory limits. (10 CFR 710.54)

These additional concerns also become the concerns of the examining psychologist. It is not only approval for access to classified information or special nuclear material that is to be partially determined by the results of psychological evaluation; it is now all of the immediate above.

III. Psychological evaluation of candidates for nuclear explosive duties is currently required only under the Personnel Assurance Program (PAP). With the merger of the PSAP and the PAP, the breadth and depth of psychological responsibilities will significantly increase.

The purpose of the Personnel Assurance Program (10 CFR 711) is “ . . . to ensure that individuals assigned to nuclear explosive duties do not have emotional, mental, or physical incapacities that could result in a threat to nuclear explosive safety.” (10 CFR 711.1) The duties specified are “work assignments that allow custody of a nuclear explosive or access to a nuclear explosive device or area.” (10 CFR 711.3)

Psychologists participating in the new Human Reliability Program (HRP) will incur new and/or additional responsibilities. Note that in the PAP, duties of psychologists were expanded to include assessing psychological fitness of personnel upon request by management; conducting and coordinating educational and training seminars, workshops, and meetings relative to mental health issues; establishing personal workplace contact with supervisors and workers; making referrals for psychiatric, psychological, substance abuse, personal or family problems, and monitoring the progress of individuals so referred. (10 CFR 711.31)

It is quite likely that at many sites currently not involved in PAP determinations, the medical and psychological staffs are already carrying out some or all of the above. Clearly, the psychological

assessments are becoming more important, and the consequences of misjudgment are becoming potentially more alarming.

BARRIERS TO PERFECT SELECTION

It is not always possible to assess which individuals will become a security concern through either the personnel security program or the new human reliability program. The psychologist who sets such a goal is being unrealistic, but conversely it must be attempted. On the other hand, dismissing the process altogether because perfection cannot be achieved also is not an acceptable alternative.

The single greatest barrier to developing a measurement device, system, or set of criteria capable of clearly identifying the at-risk person is the lack of a criterion group. Viewed broadly, few individuals have been detected in acts of disloyalty of a purposeful nature. Typically, when security issues have been raised, they have not resulted from psychological assessments.

R. W. Bloom (1993) notes the impact of the “selecting out” approach. He notes that even with a very high rate of accuracy of identifying individuals at risk, the residual error rate means that quite a number of false positives and a lesser number of false negatives will occur. This simply means that a number of at-risk individuals will go undetected while a greater number of acceptable individuals will be occupationally deprived.

The standard goal of acceptance of individuals receiving an access authorization for DOE and other governmental agencies is the qualities of honesty, trustworthiness, and reliability. Briefly stated, it means that such an individual is reliable to act honestly in all areas of his or her life and can be trusted to preserve national security interests without fail. Bloom, among others, adds at least the qualities of loyalty, integrity, and morality. Together they are the selecting framework to identify the desirable and acceptable individual.

THE AT-RISK PERSON

The traditional focus of psychological inquiry has been on the relative mental health of individuals in various programs and positions. It was once thought that the deranged individual posed the greatest risk of unacceptable actions. The category of next greatest concern was the abuser of alcohol and drugs. These issues remain the sole focus of concern at some sites.

The scope and breadth of the at-risk individuals go well beyond issues of psychopathology as commonly defined. History has shown that deliberate or inadvertent acts of disloyalty or unreliability more often emerge from those not classifiable as mentally disabled, per se.

Consider the following for expanded attentions:

- (a) The financially needy: Vulnerable to the temptation to commit a disloyal act to meet debts or for funds to finance an expanded lifestyle, or to satisfy an addiction.
- (b) The criminal: Capable of the theft and dissemination of classified material or information for profit alone.
- (c) The person in an entrapped relationship: Furnishes sensitive information to ensure continued sexual contact.
- (d) The ideologically disloyal: Commits acts harmful to national interests in defense of a belief beyond national loyalty.
- (e) The revenge-bound: Acts to punish another or an institution for perceived harm to the self.
- (f) The disgruntled employee: Closely parallels the revenge-bound person, but is unhappy, with hurt feelings, and is a possible domestic saboteur.
- (g) The foreign agent: Acts in a harmful fashion to U.S. national interests as an assignment.
- (h) The scientist: Sees exchange of information in the name of science as beyond security restrictions.
- (i) The braggart: Leads to information security violations because of need for self enhancement.

- (j) The careless: Commits usually inadvertent acts contrary to national interests.
- (k) The blackmailed: Acts disloyally to avoid being revealed.

The above is quite an array. Yet each can be found in real-life situations. From this list we see motives other than mental or substance abuse problems. How to identify those individuals who are at risk is a problem yet to be resolved.

CURRENT PSYCHOLOGICAL ASSESSMENT

No brief statement of how psychological assessments are conducted at the various DOE sites could encompass the variety of approaches or devices used, the various emphases placed on each technique, nor the impact or influence of the individual psychologist's interpretive biases.

Lacking a prescribed commonality in the approach to assessment, psychologists use a wide variety of tests, inventories, interview content and structure, and report format. Below is the description of a generic approach to the psychological evaluation of individuals.

Usually a psychologically oriented test or personality inventory is completed by the subject and is scored and interpreted by the examining psychologist. With these results in hand, the subject is interviewed for no longer than an hour. On the basis of these two exposures of personality structure, attitude, and behavior, a report is prepared that states the presence or absence of psychopathology. This basic evaluation is the accepted minimum of what constitutes an adequate psychological review. Many psychologists at DOE sites go well beyond this minimum in the breadth and depth of inquiry into how well the subject is performing in his or her overall environment. When sites are employing only the minimum evaluations, are they sufficiently addressing the concerns?

Psychologists use a limited number of tests or inventories. Most commonly used are the Minnesota Multiphasic Personality Inventory, Form II (MMPI-II); the Millon Clinical Multiaxial Inventory II (MCMI-II); the California Personality Inventory (CPI); and the 16 Personality Factors Questionnaire (16 PF). It is felt that these furnish an objective view of a mental condition

and personality features and, thus, an offset or restraint on impressions gained through face-to-face interviewing. A number of other devices are infrequently used and include the Inwald Personality Inventory (IPI), the Basic Personality Inventory (BPI), the Personality Assessment Inventory (PAI), and the Michigan Alcohol Screening Test (MAST).

The face-to-face interview is intended to furnish not only direct self-report but also to provide an opportunity to interrogate the individual on issues arising from the test or inventory results and to note the manner in which the subject interacts, thus, giving a behavioral sample.

Conduct of the interview varies enormously as does the content. In some instances a highly structured format is used in which a number of specific questions are asked. In other instances a less-structured approach is used that still addresses certain issues or topics. For some, a rather freewheeling, open discussion type of interaction serves as the interview. In any instance, questions arising from the test or inventory results are, hopefully, pursued.

With the above in hand, the psychologist typically generates a report that specifies whether or not the subject evidences a psychopathology of a disqualifying nature and/or degree. Length of report varies from brief statements stating only the presence or absence of disqualifying psychopathology to lengthy reports in a mental status format and/or a description of personality features. Again, no standard format is present nor is one required.

LIMITATIONS OF CURRENT PRACTICES

Most DOE contractor-employed clinical psychologists recognize the limitations and imperfections of the approaches that are presently employed to discern those individuals who are emotionally or mentally impaired and even more so to identify individuals at risk for disloyal acts.

The presently used approaches have value and contribute to providing an overall picture of an individual's likelihood of performing disloyal acts. This is especially noted in disturbed mental functioning. Individuals have been deferred from employment or reassigned to nonsensitive positions because the psychologists recognized reliability issues and security concerns. It is important to note that some individuals have successfully eluded this recognition, and others have been misidentified. These errors of judgment are unavoidable but potentially reducible. Such reductions are not likely to occur if current limitations are not recognized and additional means of accurate detection explored.

A dependence on the power of psychological tests and inventories to furnish objective, reliable, and valid data may become excessive. To some degree such devices are being used to conduct a valid task for which they are unsuited. Disclaimers from the author/publisher of these psychological tests and inventories state the clinical scales should not be used to establish a diagnosis. Another example of possible overreliance is the substitution of content and supplementary scales in place of primary reliance on the major clinical scales, despite the unproven validity of many of those scales and despite the originators cautions against such usage.

Despite the commonly held belief that individuals cannot conceal their falsifying responses on objective tests or inventories, it is quite possible to do so. This is especially the case when dealing with individuals of high intelligence and educational level who recognize what is the acceptable or "good" response to significant items. What college graduate has not been exposed to one or another of the common inventories as a subject of a study, as a psychology student, and as a job applicant, or is at least aware that he or she must proceed cautiously when required to submit to one of these psychological tests.

Tests and inventories designed for the detection of psychopathology are of questionable use in the detection of a propensity for most disloyal, unacceptable behavior. Certainly it is of great value to screen out the emotionally unfit, and that aspect of the psychologist's task must be continued. However, additional means of detecting the present or future at-risk individual must evolve or psychologists will lose their opportunity to play a significant role in defending national security interests.

Similarly, the face-to-face interview oriented solely to mental health issues will not serve well in detecting other at-risk propensities. If the interview's focus is expanded to consider other potentials, its corresponding value will increase. The interviewer is in a position to explore attitudes, history, and indices of social and family functioning that static tests and inventories cannot furnish.

The final concern about psychological practices in security determinations is: To what extent do test scores, inventory indices, or impressions from a personal interview predict future behavior of an individual? Psychological tests can identify personality traits and internal conflict, but can they predict later behavior? If propensities to certain behavior are not confirmed by actual behavior at a very high level, then can they really be called propensities? What is the cut-off level? Preserving an individual's livelihood while ensuring that the individual does not compromise our national security demands a high correlation of predictability.

ASSESSING ALCOHOL OR DRUG MISUSE

The prior sections of this document have placed almost exclusive emphasis on questions and issues regarding psychological examinations of mental health issues and psychopathology. Another important area for evaluation is based on alcohol misuse or dependency. While not specifically charged with the evaluation of possible drug misuse or use of illegal drugs, it is understood at most sites that psychologists also will be involved in these issues at some point.

In some instances the review of alcohol abuse is a component of the medical examination, and the psychologist becomes involved upon the physician's referral. Some sites do not evaluate for alcohol abuse or do so only upon referral or for cause.

The misuse of prescription drugs or use of illicit drugs are rarely explored past the basic question, "Do you use . . . ?" Rarely does an individual admit to either situation. Usually the physician or psychologist becomes involved upon referral from the site security office, the local DOE office, or the concerned supervisor.

One of the obligations of individuals in the Personnel Assurance Program (PAP) is to report any circumstances that could affect his or her PAP job assignment, including misuse of alcohol or prescription drugs or use of illicit drugs, as well as past use of LSD. Other at-risk behavior or conditions subject to self-reporting are:

- * criminal behavior,
- * psychological or physical disorders,
- * deceitful or delinquent behavior,
- * attempted or threatened destruction of property or life,
- * suicidal tendencies or attempted suicide,
- * recurring financial irresponsibility,
- * irresponsible performance of assigned duties,
- * inability to deal with stress,
- * failure to understand work directives,
- * hostility or aggression toward coworkers or people in authority,
- * uncontrolled anger,
- * violation of safety or security procedures,
- * repeated absenteeism,
- * significant behavioral changes,
- * moodiness, depression, or other evidence of loss of emotional control.

The above is quite an assembly of behavior and conditions. While self reporting is not specified for PSAP workers at this time, it will become mandatory when the PAP and PSAP merger is

completed and the Human Reliability Program is established. It is noted that the conditions listed are mainly behavioral and, as such, are within the domain of psychology.

The individual who abuses alcohol or other substances has the potential to significantly impact our national security. Every individual should be evaluated for his or her use of alcohol and drugs. Denial is the usual response; however, even a gentle pursuit of the topic may reveal a condition not revealed initially (i.e., How much alcohol do you typically consume in a week, month, or during special occasions like holidays?).

The first evidence of potential alcohol abuse may surface in laboratory test results that reflect liver enzyme elevations. The examining physician upon receiving such information should determine the cause of the elevation and, if alcohol abuse/dependency is indicated, refer the employee to the psychologist. However, one review on the usefulness of liver enzymes to determine liver homeostasis by T. Borges (1998) notes that “while assisting in the diagnosis, the sensitivity (and often specificity) of clinical laboratory markers is too low to be useful.” At least such markers identify a question to be pursued in more detail.

One should consider employing additional means in conjunction with laboratory tests to explore an individual’s use of alcohol and other substances. The first step could be having each individual complete one of the alcohol screening assessments currently available, such as:

- (a) The Michigan Alcohol Screening Test (MAST),
- (b) The Alcohol Use Disorders Test (AUDIT), or
- (c) The Substance Abuse Subtle Screening Inventory (SASSI).

Psychologists should add one of the above screening devices to their evaluations of all individuals at the time of employment, upon annual review, and with for-cause referrals.

Unfortunately, most cases of alcohol abuse come to the psychologist’s attention after an individual has been hospitalized or by referral from site or DOE security offices. Self-referral or detection of drug abuse before a legal or security issue has arisen is rare. It is a deplorable fact

that supervisors of employees at risk for alcohol and/or drug abuse rarely refer them to the medical staff or psychologist for evaluation, or refer only when an obvious problem has gotten out of control.

Barriers to the detection of alcohol- and drug-abusing employees (and for the detection of the mentally or emotionally distressed individuals as well) have been lessened by the requirements of the PSAP and PAP. Supervisors at all levels must review and report any known or suspected condition endangering national security interests. Beyond this, the psychologist's evaluation is enhanced when he or she consults with an employee's immediate supervisor, regardless of where in the hierarchy of workers or management this occurs. Questions regarding work performance, absenteeism, social interaction with coworkers and supervisor, and general appearance are helpful in the evaluation process.

Consequences of alcohol abuse on national security are at least equal to the consequences stemming from mental illness. The mentally dysfunctional individuals are much more apt to have been eliminated as potential employees during the preemployment evaluation or during the annual medical evaluation. Alcohol abuse, however, largely escapes detection until the problem has become chronic and obvious. Even then, it seems very difficult for coworkers or immediate supervisors to refer the alcohol abuser for medical or psychological review. Also there is the frequent problem of the dually impaired individual

THE PSYCHOLOGIST'S DILEMMA

Having gained a certain amount of data about an individual's mental functioning, alcohol use, and drug use, the psychologist must make decisions about the presence or absence of pathologies that would disqualify the individual from access to sensitive information, special nuclear material, certain work placements, or even employment.

While not the sole determiner of such decisions, considerable weight is placed on the psychologist's findings. Knowing this, the psychologist's interpretation of the data and conclusions must be as accurate as possible. Balanced against this need for accuracy is knowing

that test results and interview impressions are less than perfect in reflecting an individual's true mental state.

What the psychologist must determine is whether he or she has sufficient information upon which to make a diagnostic decision and recommendation. If the psychologist has insufficient data to make such determinations, then he or she must acknowledge such and not feel compelled to do so. This is hard for psychologists to acknowledge. While other health professionals accept that some of their diagnostic tests and procedures may not reveal significant results, psychologists often seem burdened with an internal requirement that some reportable finding be determined from otherwise unremarkable test data. It is acceptable to say "I don't know. I can't give an opinion." In circumstances where the need for the psychologist's opinion is compelling, additional time and effort beyond the basic inquiries will have to be expended. This might include additional testing and/or seeking a second opinion.

The psychologist also must avoid the "shotgun diagnosis," an opinion made when there is a lack of substantial evidence to support the diagnosis. In such situations, the psychologist too often issues a broadly dimensional diagnostic opinion seeking to cover all bases with the probable intent of avoiding later criticism for error, but such a diagnosis has limited utility. When dealing with people's livelihood or national security issues, this is no justification. Psychologists must be able to defend their findings and to admit when they do not know the diagnoses.

THE REFERRAL FOR CAUSE

Most of the evaluations conducted by DOE contractor-employed psychologists are basic and performed only to assist in determining initial or continued access to classified information, fitness-for-duty, and special job placements, such as in the PSAP and PAP. Typically, a standard set of psychological tests or inventories are employed, followed by a more-or-less structured interview, culminating with a standard type of report being issued that basically states the presence or absence of disqualifying levels of psychopathology or substance abuse.

A referral for cause, however, requires more attention than usual. This type of referral is a request that the psychologist pay specific attention to an issue that has arisen and has concerned the referring party. Such referrals are made by persons having the authority to do so. Many come from the Site Occupational Medical Director (SOMD); others are initiated by a supervisor or by site security officials. The issue is usually a concern about safety or security matters and the risk the referred individual presents to self, others, or the work environment. In most cases the individual has shown a condition or behavior of significant impairment; has violated important health, safety, or security standards; or is considered at risk to do so. The referring individual asks the psychologist's assistance in investigating the cause and degree of the hazard, as well as his or her recommendations for remedying the situation. Is the employee sick, a safety risk, or a security risk? What should be done for the employee? Should the employee be removed from a secure area or function? These are the basic questions a DOE contractor-employed psychologist must answer about each referral for cause. The psychologist now is in a position of considerable responsibility and must evaluate in detail all aspects of the employee's aberrant behavior. The task is beyond the screening type of function used in other assignments. When faced with such a situation, the psychologist must be prepared to spend as much time and attention addressing the matter as is reasonably required.

The approach to this evaluation should begin with making certain that the reasons for the referral are clear. The psychologist should, if possible, maintain direct contact with the referring party. Details of the behavior or other circumstance that precipitated the referral must be clear to the psychologist so he or she can understand the baseline from which an evaluation must start. A review of the employee's medical record and any prior psychological assessments also must occur.

Early decisions about how to approach the problem should be made before the appointment occurs. A time scheduled for the individual to be seen should allow adequate contact, recognizing that additional appointments may be necessary. If this is a situation where some kind of test or

behavioral task may be necessary, an initial interview should be conducted before any testing is attempted.

During the first interview, the psychologist should obtain a witnessed statement of permission to be examined from the individual so the information gained can be used in reports as necessary. Failing to obtain this permission, the psychologist cannot invade the privacy of the individual, should terminate the interview, and should notify the referring party of the individual's refusal to be examined. Sometimes the individual will request that his or her union steward or another associate be present during the session. Generally, this should be discouraged. Occasionally a supervisor's presence may be helpful as in some cases of suspected senile dementia because this would benefit the examiner as well as the employee.

Administering a formal psychological test or personality inventory during inquiries of this sort provides limited insight regarding the referral. Reliance on a diagnostic semi-pressured interview is most often the method of choice. If the interview reveals a need for tests during the initial assessment, those probably should occur after a full interview is completed—often relegated to the time of the second appointment.

The conduct of the diagnostic interview should focus on the behavior or condition that leads to the referral, following, of course, the usual rapport-establishing interactions. The employee's mental status and knowledge of the motives, the needs, and the pressures activating the behavior in question should be gained from the initial interview.

The individual being examined will understandably be defensive in his or her interaction with the examiner. There likely will be protestations of innocence, denial of intent, and highly select memory loss or recall. Time for expressions of indignation, anger, and concern must be allowed. Abrupt confrontations with the individual are generally not indicated, although insistence that a subject matter be discussed can be gently stressed throughout the examination. There are, however, some circumstances (questions of alcohol or drug misuse and abuse) when a planned

confrontation of the employee is indicated. This should occur in the presence of a medical staff member and a personnel officer.

WHO IS MENTALLY UNFIT?

When all the tests are interpreted and all interview impressions considered, the basic questions to be asked and answered are: What constitutes being mentally unfit for access privileges? What symptoms and behavior, what ideational content, and what cognitive impairment renders the individual at-risk for actions dangerous to national security interests?

Opinions and judgments vary from one psychologist to another; thus, the answers to the above-stated questions also will vary. To some degree the opinions may vary from DOE and site security officials. The seriousness of a symptom, personality factor, behavior, or belief is seen differently from individual to individual in all but the most glaring examples. Beyond the psychiatric issues, equally diverse views are taken by psychologists of the various degrees and types of substance use. Personal opinion, therefore, is the dominant factor in fitness-for-employment and fitness-for-duty decisions. This lack of concurrence begs for remedy, but some agreements do exist.

Overall, the core decision to be made by the psychologist rests upon the answer to the question of whether or not the individual examined suffers a degree of impairment to the extent that he or she cannot be trusted to conduct job responsibilities in a safe and reliable manner.

Many conditions immediately identify a high-risk individual. The psychologist cannot ignore the presence of psychiatric pathology (i.e., delusions, evidence of hallucinations, clearly tangential speech, psychomotor slowing or hyperactivity, profound depression, or flight of ideas). Individuals exhibiting these classical markers must be removed from a PSAP, PAP, or HRP position and referred for treatment.

The psychologist will rarely encounter such profound pathology as listed above. More likely he or she will encounter employees with alcohol or drug abuse problems who exhibit unacceptable

behavior on and off the job and, possibly, during the interview. Anger and threats must be gauged for intensity in addition to how well internal restraints operate. Conflict and passive resistance to supervisory authority may be expressions of a benign chronic grouser or may reflect an emerging paranoid condition. Safety violations always raise a question of whether or not there is a condition that prevents an employee from following required safety procedures. Reports of a clear change in personality and manner of interaction with others must be regarded as symptomatic for potential at-risk behavior. Physical expressions of anger, such as striking out against objects or other people, are extremely serious and demand the psychologist's intense scrutiny.

Can psychological test scores or responses to personality inventories form the basis for judging someone unfit? To a considerable extent they may, especially when linked to diagnostic interview findings that support the leads given by the tests. On the other hand, when lacking supportive evidence of psychopathology, only test scores in the extreme should cause concern. Test results should be available and reviewed before the interview takes place so the psychologist will be better able to follow up on any potential problem areas.

The degree of impairment or the potential for at-risk behavior in alcohol use disorders is hard to judge. Usually the individual is in a sober state when seen by the psychologist, and how well he or she functions in the job setting probably is unclear based on the interview alone. A basic standard should be that if the individual is—or has been—detected to be under the influence of alcohol or any other substance while on site, the employee is defined as an at-risk individual and is removed from his or her work station, and DOE personnel security is notified of the situation. Off-site infractions, such as driving under influence (DUI) or driving while intoxicated (DWI), require careful review. A lone incident in an otherwise clean record may or may not meet an at-risk standard. Repeated offenses, however, do represent an at-risk individual. As part of an individual's requirement for holding an access authorization, any DUI or DWI must be reported directly to the cognizant DOE personnel security office (verbal notification is required within two working days followed by written confirmation within the next three working days). The

psychologist should determine if this reporting occurred and, if not, pursue why it was not done. It may be that this lone incident, in fact, indicates a chronic problem. In either case, the psychologist should remind the individual that he or she is required to report the incident and that the psychologist will have to report it to DOE personnel security.

Personality or character trait factors are hard to define and measure. Sociopathic traits, if supported by parallel sociopathic behavior, may identify someone as unreliable, not trustworthy, and lacking good judgment. One might want to probe more carefully when a particularly smooth and unusually charming personality style accompanies such a history. Paranoid personality traits will create unpleasantness in the workplace and may constitute both a safety and security concern. The individual with the borderline personality disorder and accompanying unpleasantness, anger, and impulsiveness often causes safety and security concerns. The more benign personality disorders, such as the schizoid, the avoidant, the dependent, and the obsessive-compulsive can cause work adjustment problems but do not often render an individual mentally unfit.

Usually considered “nicer,” the non-psychotic mood disorders and anxiety disorders often are relatively benign when considering whether or not an employee is mentally fit or unfit. But there are those circumstances and degrees of deficit the disorder imposes that will require a diagnosis of mentally unfit. A depressed mood may become so preoccupying that it raises the potential for suicidal behavior of which the individual may or may not be aware. Those with a panic disorder may be unable to resist fleeing a location, or may be so overwhelmed with the accompanying symptoms that safety for self and others is compromised. The psychologist must consider if a phobic condition and accompanying avoidance behavior so preoccupies an employee that tasks are not being completed. Consider lastly the preoccupation of the obsessive and the driven quality of the compulsive person. How safely and securely is he or she performing work tasks? The condition does not have to be of psychotic proportions to render a person so impaired that he or she cannot function mentally, emotionally, or behaviorally at an acceptable level.

There are two recommendations for the DOE contractor-employed psychologist to consider. The first recommendation is to not make a formal diagnosis of a disorder listed in the *Diagnostic and*

Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV?). Labeling an employee as having a mental disorder is hard to remove and means different things to different people. Many situations evolve into DOE hearings and subsequent legal proceedings.

The second recommendation is that one should not ignore, overlook, or rationalize away the data. Historically, early signs that were neglected have preceded most serious cases of disloyal or hazardous behavior.

Clinical psychologists are trained to be helpers who assist their clients or patients toward better adjustment and form alliances with them to pursue their common goals. Personnel security work demands a much more objective and less empathic orientation. The psychologist must continually remember that his or her obligations are to the national security interests.

PERFORMANCE

Psychologists cannot be satisfied with current approaches to determine the reliability of individuals who have access to sensitive information and special nuclear materials. They should not be content to deal only with issues of mental fitness or alcohol use. The potential for role expansion is present. The risks to national security interests go well beyond mental condition or alcohol use, and the psychologist is in the position of aiding greatly in identifying those who are at such risk.

It is much easier to criticize than to provide constructive input for improving the process, but it is clear that existing measures do not reach the level desired in personnel evaluations. Of particular concern is the limit of psychological tests to reach the highest level of accuracy. Can the tests now employed be improved upon or should new tests be used to achieve such a level? Certainly, current practices must be continued, and there is no reason to dismiss them from use, but they must be improved upon, added to, or integrated into some broader process of measurement.

Parallel to a concern over the accuracy of currently used measurement devices is the recognition of the need for psychologists to address new problems and new at-risk populations without delay.

A review of prior sections of this document that list some of these issues will suggest that psychological tests and inventories as currently used are not going to serve well in detection of the new problems and populations.

Of those additional concerns, none is more apt to be encountered than workplace violence. Instances of workplace violence abound all across the nation, involving not only current employees but also former employees, and not infrequently, distressed spouses or lovers. Consider the following signs or situations that carry the potential for acting violently:

- (a) An agitated state of grieving a lost relationship, especially when accompanied by vows of vengeance, and more especially if the lost relationship was with a coworker;
- (b) An employee being disciplined or recently terminated for cause;
- (c) Coping poorly with or obsessing over an actual or perceived insult or hazing by one or more coworkers;
- (d) Disgruntlement over discipline perceived as unjust or unwarranted;
- (e) Presence of severe depression with a sense of hopelessness that suggests pending suicidal actions, which have broad implications if occurring on site;
- (f) Despair and a lack of coping plans for one losing a job; and
- (g) An extremist position on issues of race, politics, religion, or honor under challenge or insult.

The contribution of the psychologist in the detection of at-risk individuals will most likely occur as individuals inadvertently reveal themselves during the course of an interview, or when another worker or supervisor seeks advice from the psychologist. Therein lies the double virtues of being prepared to hear and see the more subtle signals revealed in the interview and the value of being a trusted ear for employees and supervisors, which is achieved by interactions with them.

Considering the roll of the at-risk individual, it is the revenge-bound or disgruntled employee who is most likely to surface and be detected by the psychologist, but the ideologically disloyal person may in his or her enthusiasm reveal unacceptable principles or goals. The “scientist first” similarly may so hotly defend information exchange that it becomes a security concern, which could impact

our national security. Much less likely to be identified are the criminal, the financially needy, or the relationship-trapped individuals. Certainly the braggart and the careless individuals by their general manner and expression, as well perhaps by their history, may give warning of their hazard.

To achieve his or her potential in aiding the security efforts at DOE sites, the psychologist must go far beyond a test-focused evaluation process. While not abandoning the use of tests and inventories when they are indicated, behavioral assessment should become the paramount method.

Inquiry into—and consideration of—family and social relationships, legal history, knowledge of on- and off-job behavior and attitudes, and personal values should form, along with testing results, an expanded basis for judging honesty, trustworthiness, and reliability.

THE EMPLOYEE ASSISTANCE PROGRAM, CONFIDENTIALITY, AND SECURITY

There is a particular problem for psychologists at some DOE sites because they must travel a narrow path between the demands of the Employee Assistance Program (EAP) functions and taking part in security determinations. Unless prepared for, significant tensions may arise between one's pledge for confidential exchange with an employee and a parallel responsibility to national security interests.

Although sometimes disputed and challenged, the DOE contractor-employed psychologist in the final analysis has to recognize—and accept—that this responsibility is to the ultimate employer, the DOE, rather than to the employee/applicant. It is ethically necessary, therefore, to indicate to the employee or applicant that the limits of confidentiality end when national security is involved. While psychological records normally are separated from medical records and are usually available only to the psychologist and the SOMD, the records ultimately belong to the DOE, can be demanded by them, and are subject to subpoena.

There are a great variety of EAP services, some being off site while others are on site. In the current atmosphere of increased attention to personnel security issues, the psychologist will likely encounter more situations where his or her dual roles (i.e., EAP versus security assessments) conflict. Some psychologists have found it useful to tell the employee or applicant before entering what would become a psychotherapy-like relationship: “Our discussions and what you tell me are confidential up to the point where I fear you will harm yourself or others, or when information revealed is a security concern and must be reported to DOE personnel security.”

WHAT CAN BE DONE NOW?

This final section outlines suggestions and recommendations that may improve the ability of the psychologist to fulfill his or her role in the protection of national security interests. Most of these recommendations are in practice at some DOE sites. Psychologists new to DOE-related responsibilities should be encouraged to go beyond a test-focused assessment style, such as described below:

- (1) Permit oneself added time for such individual evaluations as is required, especially on referrals for cause. Be comfortable in saying “I don’t know . . .”
- (2) Consider adding character assessment to one’s internal process of evaluations. Look for honesty, trustworthiness, reliability, loyalty, morality, motivation, and kindness as characteristics of value in security considerations.
- (3) Acquire added training in the psychology and behavior of at-risk populations.
- (4) Establish and maintain, on a frequent basis, a presence in the workplace (especially at the most sensitive and hazardous operations).
- (5) Note that past behavior is the best single predictor of future behavior. (A report published by the Defense Personnel Security Research Center, *Police Integrity: Use of Personality Measures to Identify Corruption-Prone Officers*, clearly demonstrates the superiority of past behavior indices over test findings.)
- (6) Establish good relationships with security officials, personnel officials, and front-line supervisors. Seek them out often.
- (7) Recognize limitations on confidentiality and privileged communications between self and individual.
- (8) Leave aloofness and isolation at home.
- (9) Be prepared to accept an interrogatory role, as needed, in evaluating the potentially at-risk employee.

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